

Dear Applicant:

Enclosed is an application for an agent license as required under KRS 367.940. This application must be returned with the required registration fee of \$50.00 at least 30 days prior to offering for sale any pre-need burial contract or accepting any monies on pre-need burial contracts.

KRS 367.946 requires every registrant to notify this office within sixty (60) days of any material change of any item reported.

This application is to be executed and submitted by each incorporator, principal stockholder owning ten percent (10%) of total shares, director, officer, and general manager associated with the corporation herein named, or, if a sole proprietorship or partnership by all owners or general partners. Any license issued pursuant to the application shall be valid only at the address stated.

The following documents must accompany each application:

- ✓ A copy of the certified Articles of Incorporation, or a copy of your partnership agreement,
- ✓ A copy of the By-Laws,
- ✓ A statement of the applicant's proposed plan of operation,
- ✓ Evidence of qualification to do business in Kentucky, if a foreign corporation, and
- ✓ A letter from the financial institution which has agreed to hold the trust fund account.

If you have any questions or problems, please feel free to call.

Sincerely,

ALBERT B. CHANDLER III
ATTORNEY GENERAL

Jerri H. Robinson, Supervisor
Office of the Attorney General
1024 Capital Center Drive
Frankfort, KY 40601
(502) 696-5395

SCHEDULE A

APPLICANT:

(funeral home, cemetery, or business name)

Corporate Information:

Date of Application:

State of Incorporation:

Corporate Headquarters Mailing Address:

Kentucky Business Address:

Kentucky Business Telephone Number:

Date of Incorporation:

Name of Resident Process Agent:

Address of Resident Process Agent:

Tax Identification Number:

List the name and address of each incorporator, principal stockholder (owning 10% or more), director, officer, and general manager, stating as to each:

Name: _____

Title/Position: _____

Resident Address: _____

Social Security Number: _____

Name: _____

Title/Position: _____

Resident Address: _____

Social Security Number: _____

Name: _____

Title/Position: _____

Resident Address: _____

Social Security Number: _____

You may attach a separate sheet, as necessary.

Partnership Information:

Name: _____

Position Held: _____

Social Security Number: _____

Name: _____

Position Held: _____

Social Security Number: _____

Name: _____

Position Held: _____

Social Security Number: _____

Name: _____

Position Held: _____

Social Security Number: _____

Sole Proprietorship:

Name: _____

Social Security Number: _____

1. If this is a stock sale, a Certificate of Good Standing from the Secretary of State is required.
2. If applicant is an existing corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement for the past three years showing assets, liabilities, and reserves.

If you are a new corporation, state the following:

Amount of stock subscribed: _____

Consideration for all stock issued: _____

Amount of promotional stock involved: _____

To whom issued: _____

If you are a new corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement including estimated receipts from all sources (including capitalization, sales, loans, etc.) and estimated expenditures for the next two (2) years. Please attach a separate sheet.

3. Does the owning entity sell pre-need burial contracts at any other locations/businesses in Kentucky? State as to each.

Name: _____

Address: _____

Dates Operated: _____

You may attach additional sheets, as necessary.

4. Does the owning entity sell pre-need burial contracts in any other states in the U.S.? Please list below.

Name: _____

Address: _____

Dates Operated: _____

You may attach additional sheets, as necessary.

SCHEDULE B

General Information:

1. Name of funeral home, cemetery, or business selling preneed burial contracts: _____
2. Mailing address of funeral home, cemetery, or business selling preneed burial contracts: _____

3. Location of funeral home, cemetery, or business selling preneed burial contracts: _____

4. Please attach a letter from the financial institution that has agreed to hold the trust fund accounts.
5. Please furnish the name and address of the financial institution holding the business bank account.

Name: _____

Address: _____

Account Number: _____
6. Are you going to solicit the sale of preneed burial contracts by a home solicitation program?

☐ Yes*
☐ No

* If yes, are you familiar with Kentucky's Home Solicitation Law?

☐ Yes

☐ No--Please send me a copy.

_____/we agree to deposit payments of money

(Corporate Name)

in compliance with Kentucky's cemetery and preneed funeral laws. I state under penalty of law that the above information is true to the best of my knowledge, and I agree to notify the Attorney General immediately of any change in the above information. I represent that I am not insolvent, nor have I conducted business in a fraudulent manner and that I am duly authorized to do business in this state. I agree that the license, if granted, may be revoked if I violate any laws of Kentucky pertaining to trust funds or contracts or violate any rules or regulations of the Attorney General affecting said funds or contracts. I state that I am authorized to complete this form on behalf of the business.

This the _____ day of _____, 19____.

All (incorporator, principal stockholder owning ten percent (10%) of total shares, director, officer, and general manager associated with the corporation herein named, or, if a sole proprietorship or partnership by all owners or general partners) must sign below. You may attach additional sheets as necessary.

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held

The Office of the Attorney General(OAG) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of services. The OAG provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs and activities. The OAG intends that no person shall be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination under any program or activity operated by the OAG. The OAG intends to bind all entities operating under its jurisdiction and control to fully comply with and abide by the spirit and intent of the Civil Rights Act of 1964.

Please notify the OAG/ADA and Title VI Coordinator, Room 34, Capitol Building, Frankfort, KY 40601, (502) 696-5300 at any time to report discrimination. Office hours are 8:00AM to 5:00PM.

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